

**DANTES ASE/ACT EXAMINATION
IMPACT CARD PAYMENT FORM**

INSTRUCTIONS

If applicable, please include this completed form in your packet when returning all other ASE Tests and Materials to the address below. Thank you.

ASE/ACT DANTES
ATTN: HELLEN COBLENTZ
P.O. BOX 4007
2255 N. DUBUQUE ROAD
IOWA CITY, IA 52243

The following examinees are receiving payment for their examination and/or registration fee. Please process the payment under Impact Card number: _____ Expiration date: _____

Unit Name: _____

POC and Telephone Number: _____

Name of Person Testing (Last name, First name)	Social Security Number	MOS RATE or CIV	Payment for Exam(s) number, registration fee

Note: *Preparation Guides* are downloadable from the ASE web site at <http://www.asecert.org>

Enclosure (5)